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Case Number

04-14360

04 JUN 23 PM 1:32

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: 706-965-8639

Check here if ☐ replaces
this claim ☐ amends a previously filed claim, dated _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
 Last four digits of SS #: XXX-XX-____
 Unpaid compensation for services performed
 from _____ to _____
 (date) (date)

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Consumer

2. Date debt was incurred:

4-15-03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 14,500 + + _____ + _____ = 0.00
 (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)

Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

7. Unsecured Priority Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at the time the case was
filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$ 14,500 +

- ☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

- ☐ Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).

- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

**Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.*

8. **Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: *Attach legible copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. **(See reverse for instructions)**

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.

Date:	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
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0-22-04 Frank B. Perry Attorney

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021

Phone: (954) 981-4447 • Fax: (954) 981-4421

Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 3481

County SAN MATEO

Purchaser's Name JAMES E. WATT

Date 7/10/03

Purchaser's Address 643 PEGASUS LANE

City FOSTER CITY

State CA

Zip 94404

Home Phone 650/357-0714

Business Phone 650/357-0792

No. of Sales

Systems to ship: 5

Face Value of Prepaid MasterCard

Activation Certificates to ship: \$5,000

Purchase Price Sales Systems

\$ 14,500

Purchase Price of Additional Items SHIPPING & HANDLING

\$ N/C

Total

\$ 14,500

Sales Tax (FL Residents Only)

\$

Amount Paid

\$ 14,500

Special Provisions FUTURE PURCHASES FOR SALES SYSTEM AND ACTIVATION TO BE
\$1,850 EACH. COST OF PREPAID MASTER CARD TO DISTRIBUTOR IS
FORTY (40) PERCENT OFF OF RETAIL SUGGESTED RETAIL PRICE.

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that *this sale is subject to the terms on the reverse of this Purchase Order.*

ACCEPTED AND APPROVED

By 
COMPANY OFFICERBy 
BUYER

AIN # BO2403

I have read and agree to the Terms and
Conditions on the back of this Purchase Order.